FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 9:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767775** **(0)**

1. Corporation Name

HOUSE OF GOD MIRACLE TEMPLE OF THE APOSTOLIC FAI TH, INC. OF FORT PIERCE, FL

Principal Place of Business	Mailing Address
% HARRY LESLIE MACKEY 525 NORTH 11TH STREET FORT PIERCE FL 34950	P.O. BOX 3920 FT. PIERCE FL 34948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/31/1983**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2277701** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 **525 N. 11th Street**
22 Suite, Apt. #, etc.
23 City & State: **Fort Pierce, FL**
24 Zip: **34950** 25 County: **St. Lucie**

2a. Mailing Address
26 **P.O. Box 1057**
27 Suite, Apt. #, etc.
28 City & State: **Fort Pierce, FL**
29 Zip: **34954** 30 County: **St. Lucie**

9. Name and Address of Current Registered Agent

MACKEY, RUBY L.
525 1/2 N. 11TH ST.
FORT PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	MACKEY, HARRY LESLIE	12 NAME		
STREET ADDRESS	525 N 11TH 1/2 ST	13 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 00000	14 CITY-ST-ZIP		
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	MACKEY, RUBY LEE	22 NAME		
STREET ADDRESS	525 N 11TH 1/2 ST	23 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE, FL 00000	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	RACKINS, LORETTA	32 NAME		
STREET ADDRESS	2505 AVENUE N	33 STREET ADDRESS		
CITY-ST-ZIP	FORT PIERCE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MARTIN, BONITA	42 NAME		
STREET ADDRESS	224 SUPERIOR PLACE	43 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	MARTIN, JAMES	52 NAME		
STREET ADDRESS	224 SUPERIOR PLACE	53 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	RACKINS, LORETTA	62 NAME		
STREET ADDRESS	2505 AVENUE N	63 STREET ADDRESS		
CITY-ST-ZIP	FT PIERCE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ruby Lee Mackey - Ruby Lee Mackey 04-26-95 (407) 461-4846
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

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